



House of Representatives

General Assembly

File No. 159

January Session, 2007

House Bill No. 6700

House of Representatives, March 27, 2007

The Committee on Public Health reported through REP. SAYERS, P. of the 60th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT REVISING THE SCOPE OF PODIATRIC MEDICINE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-54 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2007*):

3 (a) No person other than those described in section 20-57 and those
4 to whom a license has been reissued as provided by section 20-59 shall
5 engage in the practice of podiatry in this state until such person has
6 presented to the department satisfactory evidence that such person has
7 had a high school education or its equivalent, has received a diploma
8 or other certificate of graduation from an accredited school or college
9 of chiropody or podiatry approved by the Board of Examiners in
10 Podiatry with the consent of the Commissioner of Public Health nor
11 shall any person so practice until such person has obtained a license
12 from the Department of Public Health after meeting the requirements
13 of this chapter. A graduate of an approved school of chiropody or
14 podiatry subsequent to July 1, 1947, shall present satisfactory evidence
15 that he or she has been a resident student through not less than four

16 graded courses of not less than thirty-two weeks each in such
17 approved school and has received the degree of D.S.C., Doctor of
18 Surgical Chiropody, or Pod. D., Doctor of Podiatry, or other equivalent
19 degree; and, if a graduate of an approved chiropody or podiatry school
20 subsequent to July 1, 1951, that he or she has completed, before
21 beginning the study of podiatry, a course of study of an academic year
22 of not less than thirty-two weeks' duration in a college or scientific
23 school approved by said board with the consent of the Commissioner
24 of Public Health, which course included the study of chemistry and
25 physics or biology; and if a graduate of an approved college of
26 podiatry or podiatric medicine subsequent to July 1, 1971, that he or
27 she has completed a course of study of two such prepodiatry college
28 years, including the study of chemistry, physics or mathematics and
29 biology, and that he or she received the degree of D.P.M., Doctor of
30 Podiatric Medicine. No provision of this section shall be construed to
31 prevent graduates of a podiatric college, approved by the Board of
32 Examiners in Podiatry with the consent of the Commissioner of Public
33 Health, from receiving practical training in podiatry in a residency
34 program in an accredited hospital facility which program is accredited
35 by the Council on Podiatric Education.

36 (b) A licensed podiatrist who is board qualified or certified by the
37 American Board of Podiatric Surgery or the American Board of
38 Podiatric Orthopedics and Primary Podiatric Medicine may engage in
39 the medical and nonsurgical treatment of the ankle and the anatomical
40 structures of the ankle, as well as the administration and prescription
41 of drugs incidental thereto, and the nonsurgical treatment of
42 manifestations of systemic diseases as they appear on the ankle. Such
43 licensed podiatrist shall restrict treatment of displaced ankle fractures
44 to the initial diagnosis and the initial attempt at closed reduction at the
45 time of presentation and shall not treat tibial pilon fractures. For
46 purposes of this [subsection] section, "ankle" means the distal
47 metaphysis and epiphysis of the tibia and fibula, the articular cartilage
48 of the distal tibia and distal fibula, the ligaments that connect the distal
49 metaphysis and epiphysis of the tibia and fibula and the talus, and the
50 portions of skin, subcutaneous tissue, fascia, muscles, tendons and

51 nerves at or below the level of the myotendinous junction of the triceps
52 surae.

53 (c) No licensed podiatrist may independently engage in the surgical
54 treatment of the ankle, including the surgical treatment of the
55 anatomical structures of the ankle, as well as the administration and
56 prescription of drugs incidental thereto, and the surgical treatment of
57 manifestations of systemic diseases as they appear on the ankle, until
58 such licensed podiatrist has obtained a permit from the Department of
59 Public Health after meeting the requirements set forth in subsection (d)
60 or (e) of this section, as appropriate. No licensed podiatrist who
61 applies for a permit to independently engage in the surgical treatment
62 of the ankle shall be issued such permit unless (1) the commissioner is
63 satisfied that the applicant is in compliance with all requirements set
64 forth in subsection (d) or (e) of this section, as appropriate, and (2) the
65 application includes payment of a fee in the amount of one hundred
66 dollars. For purposes of this section, "surgical treatment of the ankle"
67 does not include the performance of total ankle replacements or the
68 treatment of tibial pilon fractures.

69 (d) The Department of Public Health may issue a permit to
70 independently engage in standard ankle surgery procedures to any
71 licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006,
72 from a three-year residency program in podiatric medicine and
73 surgery that was accredited by the Council on Podiatric Medical
74 Education, or its successor organization, at the time of graduation, and
75 (B) holds and maintains current board certification in reconstructive
76 rearfoot ankle surgery by the American Board of Podiatric Surgery, or
77 its successor organization; (2) (A) graduated on or after June 1, 2006,
78 from a three-year residency program in podiatric medicine and
79 surgery that was accredited by the Council on Podiatric Medical
80 Education, or its successor organization, at the time of graduation, (B)
81 is board qualified, but not board certified, in reconstructive rearfoot
82 ankle surgery by the American Board of Podiatric Surgery, or its
83 successor organization, and (C) provides documentation satisfactory to
84 the department that such licensed podiatrist has completed acceptable

85 training and experience in standard or advanced midfoot, rearfoot and
86 ankle procedures; or (3) (A) graduated before June 1, 2006, from a
87 residency program in podiatric medicine and surgery that was at least
88 two-years in length and was accredited by the Council on Podiatric
89 Medical Education at the time of graduation, (B) holds and maintains
90 current board certification in reconstructive rearfoot ankle surgery by
91 the American Board of Podiatric Surgery, or its successor organization,
92 and (C) provides documentation satisfactory to the department that
93 such licensed podiatrist has completed acceptable training and
94 experience in standard or advanced midfoot, rearfoot and ankle
95 procedures; except that a licensed podiatrist who meets the
96 qualifications of subdivision (2) of this subsection may not perform
97 tibial and fibular osteotomies until such licensed podiatrist holds and
98 maintains current board certification in reconstructive rearfoot ankle
99 surgery by the American Board of Podiatric Medicine, or its successor
100 organization. For purposes of this subsection, "standard ankle surgery
101 procedures" includes soft tissue and osseous procedures.

102 (e) The Department of Public Health may issue a permit to
103 independently engage in advanced ankle surgery procedures to any
104 licensed podiatrist who has obtained a permit under subsection (d) of
105 this section, or who meets the qualifications necessary to obtain a
106 permit under said subsection (d), provided such licensed podiatrist: (1)
107 (A) Graduated on or after June 1, 2006, from a three-year residency
108 program in podiatric medicine and surgery that was accredited by the
109 Council on Podiatric Medical Education, or its successor organization,
110 at the time of graduation, (B) holds and maintains current board
111 certification in reconstructive rearfoot ankle surgery by the American
112 Board of Podiatric Surgery, or its successor organization, and (C)
113 provides documentation satisfactory to the department that such
114 licensed podiatrist has completed acceptable training and experience
115 in advanced midfoot, rearfoot and ankle procedures; or (2) (A)
116 graduated before June 1, 2006, from a residency program in podiatric
117 medicine and surgery that was at least two-years in duration and was
118 accredited by the Council on Podiatric Medical Education at the time
119 of graduation, (B) holds and maintains current board certification in

120 reconstructive rearfoot ankle surgery by the American Board of
121 Podiatric Surgery, or its successor organization, and (C) provides
122 documentation satisfactory to the department that such licensed
123 podiatrist has completed acceptable training and experience in
124 advanced midfoot, rearfoot and ankle procedures. For purposes of this
125 subsection, "advanced ankle surgery procedures" includes ankle
126 fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal
127 of external fixation pins into or from the tibial diaphysis at or below
128 the level of the myotendinous junction of the triceps surae, and
129 insertion and removal of retrograde tibiototalcaneal intramedullary
130 rods and locking screws up to the level of the myotendinous junction
131 of the triceps surae, but does not include the surgical treatment of
132 complications within the tibial diaphysis related to the use of such
133 external fixation pins.

134 (f) A licensed podiatrist who (1) graduated from a residency
135 program in podiatric medicine and surgery that was at least two years
136 in duration and was accredited by the Council on Podiatric Medical
137 Education, or its successor organization, at the time of graduation, and
138 (2) (A) holds and maintains current board certification in
139 reconstructive rearfoot ankle surgery by the American Board of
140 Podiatric Surgery, or its successor organization, (B) is board qualified
141 in reconstructive rearfoot ankle surgery by the American Board of
142 Podiatric Surgery, or its successor organization, or (C) is board
143 certified in foot and ankle surgery by the American Board of Podiatric
144 Surgery, or its successor organization, may engage in the surgical
145 treatment of the ankle, including standard and advanced ankle surgery
146 procedures, without a permit issued by the department in accordance
147 with subsection (d) or (e) of this section, provided such licensed
148 podiatrist is performing such procedures under the direct supervision
149 of a physician or surgeon licensed under chapter 370 who maintains
150 hospital privileges to perform such procedures or under the direct
151 supervision of a licensed podiatrist who has been issued a permit
152 under the provisions of subsection (d) or (e) of this section, as
153 appropriate, to independently engage in standard or advanced ankle
154 surgery procedures.

155 (g) The Commissioner of Public Health shall appoint an advisory
156 committee to assist and advise the commissioner in evaluating
157 applicants' training and experience in midfoot, rearfoot and ankle
158 procedures for purposes of determining whether such applicants
159 should be permitted to independently engage in standard or advanced
160 ankle surgery procedures pursuant to subsection (d) or (e) of this
161 section. The advisory committee shall consist of four members, two of
162 whom shall be podiatrists recommended by the Connecticut Podiatric
163 Medical Association and two of whom shall be orthopedic surgeons
164 recommended by the Connecticut Orthopedic Society.

165 (h) The Commissioner of Public Health shall adopt regulations, in
166 accordance with chapter 54, to implement the provisions of
167 subsections (c) to (f), inclusive, of this section. Such regulations shall
168 include, but not be limited to, the number and types of procedures
169 required for an applicant's training or experience to be deemed
170 acceptable for purposes of issuing a permit under subsection (d) or (e)
171 of this section. In identifying the required number and types of
172 procedures, the commissioner shall seek the advice and assistance of
173 the advisory committee appointed under subsection (g) of this section
174 and shall consider nationally recognized standards for accredited
175 residency programs in podiatric medicine and surgery for midfoot,
176 rearfoot and ankle procedures.

177 (i) The Department of Public Health's issuance of a permit to a
178 licensed podiatrist to independently engage in the surgical treatment
179 of the ankle shall not be construed to obligate a hospital or outpatient
180 surgical facility to grant such licensed podiatrist privileges to perform
181 such procedures at the hospital or outpatient surgical facility.

182 Sec. 2. Section 20-59 of the general statutes is repealed and the
183 following is substituted in lieu thereof (*Effective October 1, 2007*):

184 The board may take any of the actions set forth in section 19a-17 for
185 any of the following reasons: (1) Procurement of a license by fraud or
186 material deception; (2) conviction in a court of competent jurisdiction,
187 either within or without this state, of any crime in the practice of

188 podiatry; (3) fraudulent or deceptive conduct in the course of
 189 professional services or activities; (4) illegal or incompetent or
 190 negligent conduct in the practice of podiatry; (5) habitual intemperance
 191 in the use of spirituous stimulants or addiction to the use of morphine,
 192 cocaine or other drugs having a similar effect; (6) aiding and abetting
 193 the practice of podiatry by an unlicensed person or a person whose
 194 license has been suspended or revoked; (7) mental illness or deficiency
 195 of the practitioner; (8) physical illness or loss of motor skill, including
 196 but not limited to, deterioration through the aging process, of the
 197 practitioner; (9) undertaking or engaging in any medical practice
 198 beyond the privileges and rights accorded to the practitioner of
 199 podiatry by the provisions of this chapter; (10) failure to maintain
 200 professional liability insurance or other indemnity against liability for
 201 professional malpractice as provided in subsection (a) of section 20-
 202 58a; (11) independently engaging in the performance of ankle surgery
 203 procedures without a permit, in violation of section 20-54, as amended
 204 by this act; or [(11)] (12) violation of any provision of this chapter or
 205 any regulation adopted hereunder. The Commissioner of Public
 206 Health may order a license holder to submit to a reasonable physical or
 207 mental examination if his physical or mental capacity to practice safely
 208 is the subject of an investigation. Said commissioner may petition the
 209 superior court for the judicial district of Hartford to enforce such order
 210 or any action taken pursuant to section 19a-17. The clerk of any court
 211 in this state in which a person practicing podiatry has been convicted
 212 of any crime shall, upon such conviction, make written report, in
 213 duplicate, to the Department of Public Health of the name and
 214 residence of such person, the crime of which such person was
 215 convicted and the date of conviction; and said department shall
 216 forward one of such duplicate reports to the board.

This act shall take effect as follows and shall amend the following sections:

Section 1	October 1, 2007	20-54
Sec. 2	October 1, 2007	20-59

PH *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Public Health, Dept.	GF - Revenue Gain	1,500	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

An estimated fifteen podiatrists will pay a \$100 fee in FY 08 to obtain a permit to engage in surgical treatment of the ankle, given passage of this bill. A potential minimal revenue gain in future fiscal years will result to the extent that additional podiatrists apply for a permit.

The bill makes the performance of ankle surgery by a podiatrist without the requisite permit a cause for disciplinary action by the Board of Examiners in Podiatry. A potential minimal revenue gain to the state will result, should a civil penalty of up to \$10,000 be assessed against any person found in violation of this provision.

The Department of Public Health will be able to perform duties stated in the bill within its normally budgeted resources.

The Out Years

State Impact:

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$	FY 12 \$
Public Health, Dept.	GF - Revenue Gain	Potential Minimal	Potential Minimal	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

OLR Bill Analysis**HB 6700*****AN ACT REVISING THE SCOPE OF PODIATRIC MEDICINE.*****SUMMARY:**

This bill expands the scope of practice of podiatric medicine to allow podiatrists to engage independently in standard and advanced ankle surgery procedures if they meet certain requirements and qualifications. Under the bill, licensed podiatrists with additional qualifications beyond board qualification or certification may be permitted to perform surgical treatment of the ankle. Surgical treatment of the ankle does not include the performance of total ankle replacements or treatment of tibial pilon fractures.

Under the bill, a podiatrist cannot engage in independent ankle surgery procedures without receiving a permit from the Department of Public Health (DPH). DPH must develop a process for issuing such permits.

The bill requires the DPH commissioner to appoint a four- member advisory committee consisting of podiatrists and orthopedists to assist in evaluating permit applicants. The commissioner must also adopt regulations concerning the evaluation of an applicant's training and experience in various ankle procedures.

EFFECTIVE DATE: October 1, 2007

STANDARD AND ADVANCED ANKLE SURGERY PROCEDURES

Under the bill, "standard ankle surgery procedures" include soft tissue and osseous (bone) procedures.

"Advanced ankle surgery procedures" include ankle fracture

fixation, ankle fusion, ankle arthroscopy, insertion or removal of external fixation pins into or from the tibial diaphysis (shaft of a long bone) at or below the level of the myotendinous junction (junction formed by the skeletal muscles where they adhere to tendons) of the triceps surae, and insertion and removal of retrograde tibiototalcaneal intramedullary rods and locking screw up to the level of the myotendinous junction of the triceps surae. It does not include the surgical treatment of complications within the tibial diaphysis related to the use of such external fixation pins.

“Triceps surae” refers to the group of lower leg muscles called the gastrocnemius and the soleus. The gastrocnemius is the two-headed, heart-shaped muscle in the back of the lower leg. The soleus is the broader, flat muscle just beneath the gastrocs. Both of these muscles attach to the heel bone via the Achilles tendon. The triceps surae makes up the superficial, posterior lower leg compartment.

INDEPENDENT ANKLE SURGERY

Requirements for Standard Ankle Surgery

The bill permits licensed podiatrists with the following qualifications to independently engage in standard ankle procedures:

1. those who graduated on or after June 1, 2006 from a three-year residency program in podiatric medicine and surgery accredited by the Council on Podiatric Medical Education, or its successor, at the time of graduation and hold and maintain current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor;
2. those who graduated on or after June 1, 2006 from a three-year residency program in podiatric medicine and surgery accredited by the council or its successor, at the time of graduation, who are qualified, but not certified, in reconstructive rearfoot ankle surgery by the board or its successor, and provides documentation satisfactory to DPH of their training and experience in standard or advanced midfoot, rearfoot, and ankle

procedures, except that such applicants cannot perform osteotomies of the tibia and fibula until they hold and maintain current board certification as described above; or

3. those who graduated before June 1, 2006 from a residency program in podiatric medicine and surgery of at least two years that was accredited by the council at the time of graduation, hold and maintain current board certification, and provide satisfactory documentation to DPH of their training and experience in standard or advanced midfoot, rearfoot, and ankle procedures.

Requirements for Advanced Ankle Surgery

Under the bill, licensed podiatrists with the following qualifications can engage independently in advanced ankle surgery procedures:

1. those who graduated on or after June 1, 2006 from a three-year residency program in podiatric medicine and surgery accredited by the Council on Podiatric Medical Education or its successor, at the time of graduation, hold and maintain current board certification in Reconstructive Rear foot/Ankle Surgery by the American Board of Podiatric Surgery or its successor, and provide satisfactory documentation to DPH of their training and experience in advanced midfoot, rearfoot, and ankle procedures; or
2. those who graduated before June 1, 2006 from a residency program in podiatric medicine and surgery of at least two years and accredited by the council at the time of graduation, hold and maintain current board certification, and provide satisfactory documentation to DPH of their training and experience in advanced midfoot, rearfoot, and ankle procedures.

ANKLE SURGERY UNDER THE DIRECT SUPERVISION OF A PHYSICIAN OR SURGEON

The bill allows a licensed podiatrist who has the following qualifications to surgically treat the ankle, including using standard

and advanced podiatric ankle surgery procedures, without a permit until the podiatrist meets the requirements for a permit for independent ankle surgery. In this situation, the podiatrist must perform these procedures under the direct supervision of a licensed physician or surgeon who has hospital privileges in the procedure or of a licensed podiatrist who has a permit for independent ankle surgery. The podiatrist must:

1. have graduated from a minimum two-year residency program in podiatric medicine and surgery accredited by the Council on Podiatric Medical Education, or its successor , at the time of graduation; and
2. hold and maintain current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery or its successor, is board qualified in such surgery by the board or its successor, or is currently board certified in foot and ankle surgery by the board or its successor.

DPH PERMIT PROCESS

The bill requires DPH to establish a process to issue permits to qualified licensed podiatrists to independently perform standard or advanced ankle surgery procedures as described above. No licensed podiatrist may independently engage in the surgical treatment of the ankle or the anatomical structures of the ankle, administer or prescribe drugs incidental to such treatment, or surgically treat manifestations of systemic diseases as they appear on the ankle, until the podiatrist has obtained a DPH permit.

DPH cannot issue a permit unless the applicant meets all of the requirements for independent ankle surgery as described above and pays a \$100 fee.

The bill specifies that “surgical treatment of the ankle” does not include the performance of total ankle replacements or the treatment of tibial pilon fractures.

ADVISORY COMMITTEE

The bill requires the DPH commissioner to appoint a four-member advisory committee to assist and advise him in evaluating an applicant's training and experience in midfoot, rearfoot, and ankle procedures required for permit eligibility. Two committee members must be podiatrists recommended by the Connecticut Podiatric Medical Association and two must be orthopedists recommended by the Connecticut Orthopedic Society.

REGULATIONS

The bill requires DPH to adopt regulations on the permit issuance process, including evaluation of an applicant's training and experience in the procedures required for a permit. The regulations must include the number and types of procedures required for an applicant to demonstrate training or experience in standard and advanced ankle procedures. DPH must seek the advisory committee's advice and assistance and consider nationally recognized standards for accredited residency programs in podiatric medicine and surgery in developing the regulations.

PODIATRIST PRIVILEGES

The bill specifies that DPH's permit issuance to a licensed podiatrist to independently engage in ankle surgery does not obligate a hospital or outpatient surgical facility to grant privileges to that podiatrist.

DISCIPLINARY ACTION AGAINST PODIATRISTS

The bill adds engaging in surgical treatment of the ankle without the required permit to those grounds on which the Connecticut Board of Examiners in Podiatry can take disciplinary action against a podiatrist.

BACKGROUND***PA 06-160***

PA 06-160 required the DPH commissioner to convene a panel, directed by an arbitrator, to develop a protocol and recommendations for allowing qualified podiatrists to perform surgery on the ankle.

DPH issued its findings and recommendations in a January 2007 report.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/09/2007)